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FACSIMILE COVER SHEET

To: Assistant Commissioner for Patents
Fax Number: (703) 872-9314

From: Stanley D. Ference III
Date: June 14, 2004
Pages: 16 pages (including this cover sheet)

MESSAGE:

Application No. 09/808,312
Examiner Michael A. Lewis
Art Unit 2655

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

YOR20010010US1 (590.043)

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FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR20010010US1
(590.043)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Deligne et al.
Serial No. : 09/808,312 Examiner : M. Lewis
Filed : March 14, 2001 Group Art Unit : 2655
For : MULTI-CHANNEL CODEBOOK DEPENDENT COMPENSATION

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

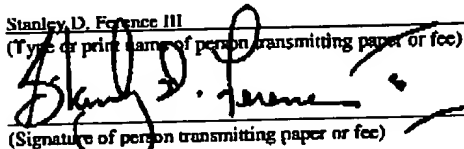
Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9314 on June 14, 2004 to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. YOR20010010US1
(590.043)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY				OTHER THAN A SMALL ENTITY	
				RATE	FEE			RATE	FEE
Total	17	** 17	= * 0	\$9	=	O	x	\$18	=
Claims						R			
Ind.	3	*** 3	= * 0	\$43	=	O	x	\$86	=
Claims						R			
<input type="checkbox"/> Multiple Dependent Claim Presented				\$145	=	O	+	\$290	=
						R			
				TOTAL	= \$	O		TOTAL	= \$
						R			

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By

Stanley D. Ference III
Reg. No. 33,879

Dated: June 14, 2004

Mailing Address:

Customer No. 35195
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